



Massachusetts Office on Disability

One Ashburton Place, Room 1305 Boston, MA 02108

Charles D. Baker, Governor
Karyn E. Polito, Lt. Governor
David D'Arcangelo, Director

617-727-7440 TTY
800-322-2020 TTY
617 727-0965 FAX

Mentee Application

Deadline: All applications MUST be received by September 25, 2017

___ **Yes**, I am interested in participating in the Commonwealth of Massachusetts Disability Mentoring Week (DMW). DMW is a collaborative effort of the Massachusetts Office on Disability (MOD) and the Commonwealth's Human Resources Division (HRD). Please note, this program is designed for participants

___ **I am 21 years of age or older.**

GENERAL INFORMATION

First Name: _____ Last Name: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

How would you prefer for us to contact you? _____

EDUCATIONAL SUMMARY

Please provide information about your highest level of education attained (Check One):

- | | |
|--------------------------------|---|
| ___ Some high school | ___ College Degree |
| ___ High School Diploma or GED | ___ Post Graduate Degree |
| ___ Some College | ___ Vocational License or Certificate Program |

PLACEMENT PREFERENCES

Using the choices below, please select a general area of interest:

- | | | |
|------------------------------|--------------------------|---------------------|
| ___ Health & Human Services | ___ Economic Development | ___ Public Safety |
| ___ Administration & Finance | ___ Education | ___ Transportation |
| ___ Information Technology | ___ Environmental | ___ Labor/Workforce |

Using the choices below, please select an occupational category interest:

- | | | |
|------------------|---------------|--------------------|
| ___ Professional | ___ Technical | ___ Administration |
|------------------|---------------|--------------------|

___ Protected Service ___ Office & Clerical ___ Skilled Craft
___ Service Maintenance

REASONABLE ACCOMMODATION REQUESTS

Please check if applicable:

___ Braille ___ Sign Language Interpreter
___ Computer disk ___ Oral ___ Tactile ___ ASL ___ PSE
___ Large print ___ Dietary needs _____
___ Wheelchair access ___ Other _____

GOALS, INTERESTS AND HOBBIES

Please provide us insight into your long-term career goal and/or area of interest:

Describe your paid and/or unpaid work experience (if any). Include extracurricular activities, internships, and community service work. Describe the job-related skills that you have (if any):

What skills do you hope to gain?

SCHOOL OR PROFESSIONAL REFERENCE

(Teacher, Counselor, Professor, or Service Provider)

Last Name: _____ First Name: _____

Organization: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ email _____

PARTICIPATION REQUIREMENTS

_____ I understand that I am responsible for making transportation arrangements to participate in DMW.

I already have a MassCareers profile set up online (not required for participation in DMW).

_____ **Yes** _____ **No**

I will be able to travel to and participate in the MassCareers computer lab workshop on Wednesday, October 18, 2017 which will be held at 1 Ashburton Place in Boston as part of DMW (strongly encouraged). _____ **Yes** _____ **No** If you answered "No," you will be provided with instructions on how to create a MassCareers profile independently.

_____ I understand that participating mentee names may be provided to various participating Commonwealth agencies. I grant permission to release my name and to use any photographs that may be taken of me during DMW for promotional and educational purposes.

_____ Date _____

Signature

Please mail your completed application to:

**Human Resources Division
Office of Diversity and Equal Opportunity
One Ashburton Place – Room213
Boston, MA 02108
Attn: Disability Mentoring Week**